

CHAPTER 9

TRAINING IN THE AGENCY

A. INTRODUCTION

A key factor to successfully implementing the outcome enhancement phase of OBQI is the training that occurs for agency staff. Outcome enhancement is a new concept for most home health agencies. To facilitate the learning that will need to occur on the part of nearly all staff, agencies are encouraged to designate one or two staff representatives as trainers. These individuals should acquire as much knowledge as possible about OBQI and outcome enhancement activities well in advance of the outcome reports being available. In addition, the designated trainer(s) must plan for the particular needs of the agency as well as for the general acceptance and assimilation of OBQI by the staff. Some agencies will find that their staff members need training to shift from the current quality monitoring activities toward an outcome focus. Other agencies will find it necessary to conduct more extensive training to move from quality assurance to a quality improvement approach. Addressing the training needs in a coordinated and effective manner requires both advance planning and post-training follow-up.

Some aspects of OBQI are most relevant for specific agency staff members, while other (more general) training is necessary for different staff types. The designated trainers, with the support of the agency's management staff, need to determine which part of the training is to be emphasized for which group in the agency. This will ensure that all staff will have an understanding of outcome enhancement and be prepared to participate in a specific way in the activities. This chapter provides information and materials for agency trainers to utilize as they conduct these educational activities.

B. ESTABLISHING THE ATMOSPHERE FOR TRAINING: WHY CHANGE IS NECESSARY

Well before the actual training is initiated, the agency's OBQI trainers and agency leadership set the stage for successful (or problematic) implementation of OBQI. An agency with a strong focus on and commitment to providing high quality care and to continually improving that care will already have laid the groundwork for providing a mechanism (outcome enhancement) to further develop quality improvement processes. An agency with a supportive administration that understands the value of outcome enhancement will continue its efforts in continually improving the care provided to its patients.

An agency without a strong prior focus on performance improvement will benefit from the introduction of these concepts. This foundation will assist agency staff

to understand why the need for change exists, why this change is important, and how it ultimately will be used to improve patient care. This big-picture emphasis on patient care assists in establishing the atmosphere to support these changes.

C. WHO NEEDS TRAINING? WHAT TRAINING DO THEY NEED?

As the plan for training unfolds, it is clear that different agency staff members have unique training needs. The agency management group needs to be prepared for the range of activities that must be conducted within the agency once the outcome reports are available. Management also must understand any time and resource requirements, so that appropriate planning can occur. Quality improvement groups in the agency need to understand how their experience and expertise may be required in outcome enhancement activities. Clinical supervisors and the staff they oversee are likely to be involved in the process-of-care investigation and in developing and implementing the plan of action. Clinical records staff may be involved in the process-of-care investigation and in plan monitoring so they need to understand the importance of this activity and how they can facilitate its completion. All staff should become knowledgeable of the basic concepts of outcome enhancement and of their responsibilities in the process. As care processes are changed within the organization to improve or reinforce target outcomes, communication with all staff is important for their understanding and investment in whatever changes are to occur.

Clarifying the unique training needs of different agency staff groups becomes the basis for the total training plan. Attachment A to this chapter summarizes the unique training needs of specific agency staff members and when the training is needed.

D. OVERALL TRAINING GOAL

The agency staff responsible for conducting training must have a clear picture of the overall training purpose. It is very possible to become enmeshed in the details of outcome enhancement while losing sight of the reasons why training is important. There are four primary reasons for training agency staff, each of which can be translated into a specific goal. Alternately, the four reasons can be combined into one overall goal.

The reasons for conducting agency staff training are to:

1. Facilitate early implementation of the outcome enhancement activities in the agency (i.e., soon after the outcome report is obtained);

2. Enhance staff understanding and involvement (and therefore investment) in the outcome enhancement activities;
3. Identify specific staff member responsibilities; and
4. Generalize the focus on patient care improvement or reinforcement throughout the agency.

A sample (single) training goal is:

To provide an overview of the outcome enhancement process, including the responsibilities of each member of the staff.

E. PLANNING AND SCHEDULING THE TRAINING

Attachment B to this chapter contains an overview of five types of training sessions—one for the management group, one for quality improvement and clinical supervisor groups, one for clinical records staff, one for clinical staff, and one for all staff. Each of these training types is described in more detail in this section.

Management Group: In planning the training (once the designated trainers have acquired the necessary information on outcome enhancement activities), the first step is to meet with agency management. The purpose of this meeting is to provide the management group with information on the overall focus of outcome enhancement, the anticipated impact on the organization and patient care, and the resources needed. This group should be prepared for the content and the appearance of the outcome and case mix reports, including the meaning of the various report components. They need to know the importance of selecting target outcomes in a timely manner soon after the receipt of the reports. The training will allow the management group to begin planning for the target outcome selection process in the agency. This group also needs some knowledge of the procedures and timing involved in the outcome enhancement activities, including the process-of-care investigation and the development, implementation, and monitoring of the plan of action. This will assist in their understanding that appropriate staff members need to be involved in activities during the month-long period following the receipt of the outcome report. It is critical that the management group "buy into" the concept of outcome enhancement. Through their support and communication, the staff will comprehend that the agency is incorporating outcome enhancement into its routine activities.

The training of the management group should occur soon before the outcome reports are expected to be available. Management will need to be ready to

identify the appropriate group or individuals in the agency to be involved in the target outcome selection.

QI Groups/Clinical Supervisors: The QI group and clinical supervisors in the agency need similar training. They need preparation for the appearance and content of the outcome and case mix reports and to be informed of the management group's plan for selecting the agency's target outcome(s)—both for their understanding and with the expectation that at least some of them will be involved in this activity. They should be aware of the process-of-care investigation and any plans of the management group on how this will occur. They also need to be informed of the processes of developing, implementing, and monitoring the plan of action because planning and implementing change in clinical care delivery are definitely of interest to these groups.

The QI group should be encouraged to practice reading and interpreting outcome and case mix reports, as well as selecting target outcomes. This practice needs to occur prior to the receipt of the agency's own reports. The clinical supervisors' training also should be conducted prior to receipt of the agency's reports. Similarly, their training should include practice in reading and interpreting outcome and case mix reports and selecting target outcomes. Due to the clinical aspects of the process-of-care investigation, the supervisors should be familiar with the steps of this process prior to the receipt of the reports so that they can be involved in the investigation, as well as the development and implementation of the plan of action. Their leadership will be important in assisting the clinical staff to improve or reinforce current practice.

Clinical Staff: Since the reports and subsequent outcome enhancement activities will directly impact them, the clinical staff also needs training. They should be prepared for the outcome and case mix reports. They should be familiar with the format of the reports and who will be selecting target outcomes (and the criteria they will be following). Once the reports have been received, staff should have access to them, be notified which target outcomes have been selected, and understand the reasons for the selection. They should be aware of the plan for the process-of-care investigation and be encouraged to become involved in some manner. Involvement does not necessarily mean attendance at a meeting. Through e-mail, voice mail messages, or posters throughout the agency, staff input and suggestions about care processes can be obtained. From the beginning, the clinical staff must be aware of the plan to change care processes. This understanding should include the why as well as the how. The preparatory training of the clinical staff should occur at a routine staff meeting prior to the receipt of the agency's reports. More extensive training should occur once the target outcomes are selected. The focus of this training should be on the process-of-care investigation and how the findings may impact their care delivery.

Clinical Records Staff: The agency's clinical records (medical records) staff may become involved in the process-of-care investigation and plan of action monitoring by locating patient records for the investigation team. Due to their familiarity with the patient records, it also may be possible for these individuals to be involved in the focused record reviews. Therefore, the clinical record staff should have an overall understanding of the outcome enhancement activities and, in particular, the process-of-care investigation and monitoring activities.

General Training Considerations: Whenever training occurs, sufficient time should be scheduled to allow for presentation of the content and for questions. Discussion of concerns should be encouraged in any training session—this discussion provides an opportunity to review the “big picture” of the reasons for changes that are occurring. Outcome reports are a new experience for nearly all home care agencies. Seldom have staff seen the results of their care displayed in a graphic manner and in comparison to a reference group of agencies. Questions are natural, and sufficient opportunity to deal with them should be taken.

While acknowledging that space is often a limited commodity in a home care agency, try to select an area for training that is comfortable and conducive to learning. Ideally, the space will be located out of main traffic areas and will have a sufficiently large table surface to spread materials and reports. Ensure that any equipment (i.e., overhead projector, flip chart, white board, microphone, podium, etc.) can be accommodated. Check the availability of electrical outlets and extension cords.

Will attendance at the training be mandatory or voluntary? Will “make-up sessions” be offered? Will interruptions of the session for telephone calls be allowed? These decisions should be made in advance so staff can be informed. It is advisable to audiotape or videotape any training sessions that are mandatory, since absences can occur due to illness, unanticipated visit demands, etc. (Be sure to test the audio/video taping equipment prior to the session to assure that it is functioning well.) It is also possible to utilize taped sessions as substitutes for longer sessions in the office. Staff might sign out the tape and corresponding handouts for viewing at home. Specific staff trainers might be designated to follow up on any questions.

F. WHO SHOULD CONDUCT TRAINING?

The “just-in-time” training approach has the potential to require multiple training sessions for different agency audiences. The agency staff designated as primary OBQI trainers obviously will have the major role in conducting these sessions. In addition, there may be other individuals in your agency who could participate. Other training staff might include (after being trained by the primary trainers):

- an informal leader (whom the staff respect), who will appeal to the staff's professionalism and rational side; and
- a "cheerleader," who motivates through appeals to staff idealism and emotion.

One member of the training group should be especially proficient in answering and dealing with questions.

G. TRAINING APPROACHES

A blend of formal and informal training methods is suggested for maximum effectiveness. The content for various formal training sessions is described in Attachment B.

Formal training is likely to occur in an organized group setting, while informal training can be conducted in many different ways (both structured and unstructured). Because the majority of the formal content focuses on the new quality improvement activities, which can be relatively "dry" and abstract content, adding a bit of humor to the formal training is often appreciated by the learners. Utilizing creative means to maintain the participants' attention is always helpful. Food also has been found to be a key ingredient to increase learner attention.

If a packet of instructional materials is utilized during formal training, the materials can reinforce the training at later points. Such a packet should be prepared in advance and distributed at the beginning of the training session. Extra packets should be kept in the agency for use with the audiotape or videotape that is prepared for later use. The trainers are encouraged to make use of the materials found in this manual as attachments and exercises. Other useful references are descriptions of various QI tools/techniques or team-building aids. Additional training principles are listed in Attachment C.

Reinforcement of content (or retraining) often occurs in more informal ways. Attachment D to this chapter provides a listing of informal training approaches.

Those individuals responsible for training should monitor the questions that arise most commonly among agency staff. These questions can indicate the need for a more formal retraining for all staff. Many of the suggestions for reinforcement and informal training found in Attachment D are appropriate for groups as small as one or two staff members or as large as the entire agency staff.

H. LEARNING CURVE EXPECTATIONS

Three points must be considered in the learning curve expectations. First is that internal agency processes that undergo considerable change could impact the learning curve. The result of multiple changes occurring simultaneously is often to lengthen the learning curve. If the agency's current approach to quality monitoring does not include continuous quality improvement concepts, staff will need time to understand the changes that will occur with the shift to quality improvement.

Second, if staff members are kept up to date on what outcome enhancement is, why the agency is now using it, and how it is going to impact their work, resistance to change should be diminished. Such resistance is often the source of a very long learning curve.

Finally, as the realization that the focus of outcome enhancement is on improving or reinforcing patient outcomes, staff members will be more ready to accept the new activities. They will become aware that individual staff members are not the focus of the quality activities and will be more amenable to becoming actively involved in the outcome enhancement activities. This, in turn, will decrease the length of the learning curve.

I. ASSESSING STAFF LEARNING

It is important to evaluate the training because OBQI is a new approach that requires a slightly different perspective on improving quality. The agency trainer(s) will want to evaluate the staff's ability to conduct the outcome enhancement processes as the training moves forward. If a lack of understanding is detected, a training "refresher" can be scheduled immediately. The agency's plans of action, once they are developed, should be reviewed thoroughly to assess for any lack of clarity or weaknesses that could indicate additional training needs. Some agencies have found that keeping a log (or journal) of the early outcome enhancement activities is extremely useful in evaluating the learning that has occurred and the agency's ability to implement new processes.

The agency trainer(s) should expect that retraining will be necessary. The next outcome reports will not be available for several months—by that time, the trainer(s) may need to repeat much of this year's training for entirely new staff or for staff in new positions of responsibility. Staff turnover will increase the amount of training/retraining that must be done. When the agency has been through the process once, the evaluation results (of the previous training and of the plan of action) will help to modify training for the next round of reports. The log (or journal) will help to repeat those training approaches that were successful and to modify those that didn't quite succeed—and to remember after several months

exactly what those were! The trainer will hope for some carry-over from the training that occurs for this year's outcome enhancement activities to next year. This carry-over can be increased by continuing to involve staff members in the monitoring of the plan of action. This activity helps to keep staff interest in the outcome report high throughout the subsequent months. Some key members of this year's teams can be enlisted to begin planning the training well in advance of next year's outcome reports.

J. AN EFFECTIVE TIMELINE FOR OUTCOME ENHANCEMENT

In preparation for training, the agency OBQI trainer(s) should be aware of the recommended timeline for outcome enhancement. Once the reports have been obtained, the following should be planned:

- Within a few days of obtaining the reports, the target outcome selection group should receive copies of the outcome and case mix reports and should hold their first meeting to discuss these reports.
- Within two weeks of obtaining the reports, the target outcomes should be selected. The care process action group should have started investigating care provided to the agency's patients.
- Within one month of obtaining the reports, the agency should have completed developing the plan of action and should have scheduled the start of implementation actions.
- Within three months of obtaining the reports, the monitoring activities should provide information on whether care process changes are occurring or whether some supplementary intervention approaches are necessary.

K. RECAP: WHAT CAN BE DONE EARLY?

Taking the effective outcome enhancement timeline into consideration, the agency trainer is encouraged to develop a very specific timeline for the OBQI activities and distribute this timeline to others in the agency. Quite a bit of activity, some of which is new, will occur in a relatively short period of time, so planning ahead is essential.

Soon after the designated agency staff person has studied this manual or received initial training:

- Provide an orientation to the management group and quality improvement staff. This orientation will include the general concepts, activities, and timing of the full process-of-care investigation.
- In a large agency the trainer may want to give a general briefing to the entire management group, then select the target outcome selection group and educate them more fully. In a small agency, this in-depth orientation might be done with the entire management group, because they also will select the target outcome(s).
- This group can then lay the groundwork for the care process action group, including specific resources and suggestions for how the activities can be conducted.
- Schedule any agency-wide learning activities or approaches that the trainer may want to occur before the agency receives its reports.

L. THE MOST IMPORTANT FACTOR IN TRAINING

A well-designed training plan is important for staff learning, but the most important factor for staff learning is a trainer who conveys the value of the activities for the agency both in the short term and for long-range objectives. Remember that the overall goal of these activities is to enhance the outcomes of the patients to whom the agency provides care. The trainer's overall attitude toward OBQI, in the new processes that are being taught, in the training and reinforcement activities planned, and in the overall support provided to those who are learning, is important. The individual(s) conducting agency training should remember a key axiom:

YOUR ATTITUDE IS CONTAGIOUS!

FREQUENTLY ASKED QUESTIONS

- 1. *The process-of-care investigation described in Chapter 5 is very different from anything we've ever done. Should we try to practice that before we get the outcome report?***

Practicing prior to receiving the report will certainly expedite the investigation. Agencies have found that training even a few people who will be on the team facilitates the team's ability to move forward. Use the exercises included in Chapter 5 as practice for your team. Approach the exercises as though you are conducting a real investigation of your agency's target outcome. Once clinicians understand this approach to record review (or interviewing care providers), they are often enthusiastic about using a method that looks at the care provided (which they consider important) rather than the paperwork. If this small group of clinicians understands this key aspect of outcome enhancement, it can do much to spread enthusiasm throughout the agency!

- 2. *How do we determine the type of training best suited for the various categories of staff members?***

The agency's management group, quality/performance improvement groups, clinical supervisors, clinical staff, and clinical records staff all are likely to require at least some training in the outcome enhancement activities of OBQI. The type of training should be appropriate to the expected involvement in the OBQI activities. Using the information provided in Section E of this chapter and the attachments, determine which part(s) of the OBQI training content should be emphasized for which group in the agency. Remember your overall goals are for all staff to understand outcome enhancement and to be prepared to participate in specific activities.

ATTACHMENT A TO CHAPTER 9

IDENTIFYING TRAINING NEEDS OF STAFF

Agency Staff/Group	Training Needed	When to Occur
Management Group	<ul style="list-style-type: none"> • Preparation for reports • Selecting target outcomes • Advance planning for outcome enhancement activities 	<ul style="list-style-type: none"> • Soon after the trainer has acquired the essential content • Prior to obtaining reports
QI Groups/Clinical Supervisors	<ul style="list-style-type: none"> • Preparation for reports • Planning for selecting target outcomes • Conducting process-of-care investigation • Plan of action development, implementation, monitoring 	<p><u>For QI Groups:</u></p> <ul style="list-style-type: none"> • Soon after the trainer has acquired the essential content • Prior to obtaining reports • Once target outcomes are selected <p><u>For Clinical Supervisors:</u></p> <ul style="list-style-type: none"> • Prior to obtaining reports • Once target outcomes are selected
Clinical Staff	<ul style="list-style-type: none"> • Preparation for reports • Plans for process-of-care investigation • Request for volunteers • Changes in care delivery/ processes 	<ul style="list-style-type: none"> • Prior to obtaining reports • Once target outcomes are selected
Clinical Records Staff	<ul style="list-style-type: none"> • Involvement in process-of-care investigation • Steps in outcome enhancement 	<ul style="list-style-type: none"> • Prior to receipt of agency reports
Agency Staff	<ul style="list-style-type: none"> • Understanding of purpose and overall activities of outcome enhancement • The impact of OBQI on their work 	<ul style="list-style-type: none"> • Soon after the management team has been trained and throughout the process

ATTACHMENT B TO CHAPTER 9

TRAINING PLAN FOR STAFF

TRAINING FOR THE AGENCY'S MANAGEMENT GROUP

Objectives

At the conclusion of the training, the management group will be able to:

1. Explain the components of outcome enhancement.
2. Understand and plan for the resources needed for the outcome enhancement activities.
3. Interpret outcome reports for the selection of appropriate target outcomes.
4. Understand the need for the management group's support of the outcome enhancement activities.

Key Content Areas

1. The OBQI process.
2. Major steps of the outcome enhancement phase.
3. Purpose, format, and interpretation of the outcome reports.
4. Process and criteria for selecting target outcomes.

Estimated Program Length

120 minutes

TRAINING FOR THE QI AND CLINICAL SUPERVISOR GROUPS

Objectives

At the conclusion of the training, the QI and clinical supervisor groups will be able to:

1. Explain the components and steps of the outcome enhancement phase of the OBQI process.
2. Interpret outcome reports for the selection of appropriate target outcomes.
3. Understand the steps of the process-of-care investigation and of the development, implementation, and monitoring of the plan of action.
4. Understand their role in the outcome enhancement phase.

Key Content Areas

1. The OBQI process.
2. Steps of the outcome enhancement phase.
3. Purpose, components, and interpretation of the outcome and case mix reports.
4. Process for selecting target outcomes.
5. Developing and applying clinical practice criteria.
6. Identifying areas for improving clinical care provision.
7. Techniques for changing clinical home care provision.
8. The management group's plan for incorporating outcome enhancement into the organization.

Estimated Program Length

120 minutes

TRAINING FOR THE CLINICAL STAFF

Objectives

At the conclusion of the training, the clinical staff will be able to:

1. Understand the components and steps of the outcome enhancement phase of the OBQI process.
2. Explain the components of outcome and case mix reports and the criteria for selecting target outcomes.
3. Understand their role in the outcome enhancement phase.

Key Content Areas

1. The OBQI process.
2. The steps of the outcome enhancement phase.
3. Purpose and components of the outcome report.
4. Criteria for selecting the target outcomes.
5. The management group's plan for incorporating outcome enhancement into the organization.
6. Purpose and components of the process-of-care investigation, development, implementation, and monitoring of the plan of action.

Estimated Program Length

60 minutes

TRAINING FOR THE CLINICAL RECORDS STAFF

Objectives

At the conclusion of the training, the clinical records staff will be able to:

1. Explain the components and steps of the outcome enhancement phase of the OBQI process.
2. Explain the process-of-care investigation process.
3. Explain the importance of monitoring the plan of action.
4. Understand their role in the outcome enhancement phase.

Key Content Areas

1. The OBQI process.
2. Steps of the outcome enhancement phase.
3. The process-of-care investigation and monitoring processes.
4. The management group's plan for incorporating outcome enhancement into the organization.

Estimated Program Length

45 minutes

TRAINING FOR ENTIRE STAFF

Objectives

At the conclusion of the agency training, the staff will be able to:

1. Discuss the purpose for outcome enhancement.
2. Understand their role in the outcome enhancement phase.

Key Content Areas

1. The OBQI process.
2. Steps of the outcome enhancement phase.
3. The management group's plan for incorporating outcome enhancement into the organization.

Estimated Program Length

30 minutes

ATTACHMENT C TO CHAPTER 9

TRAINING TIPS

TIPS TO CONSIDER AS YOU TRAIN YOUR STAFF:

- ✓ Staff members are usually more receptive to learning if they understand the context of new material—if they have some sense of the **"big picture."** Presenting the context thus serves to increase motivation.
- ✓ In a group setting, some people are primarily visual learners, while others are primarily auditory learners. Therefore, it's good practice to **include visual aids in addition to spoken presentation.**
- ✓ **Starting with the "known" and moving to the "unknown"** is an effective teaching approach. As an example, identification of how OBQI relates to the agency's current quality monitoring approaches is important.
- ✓ Regardless of how good a teacher you are, not every learner will retain every piece of information you convey. Thus, **reminders of key points** are good to include on posters, bulletin boards, or in other communication modes.
- ✓ Learners respond more positively to new ideas (or approaches) if they perceive **the presenter as an advocate for the ideas/approaches.** Outcome enhancement represents a unique opportunity for the agency to improve its own care.
- ✓ Clinical staff must be aware that **administrative support** for any necessary change is present. Be sure to share this support with them -- or, even better, have administrative staff present this to the clinical staff in person.
- ✓ The single most important factor in training is the trainer's ability to convey the value of the outcome enhancement process. Remember a key axiom: **Your attitude is contagious!** (Or its corollary: Attitudes are contagious. Is yours worth catching?)

ATTACHMENT D TO CHAPTER 9

SUGGESTIONS TO ADDRESS ONGOING TRAINING NEEDS

INFORMAL TRAINING APPROACHES

- Include announcements and updates in newsletters, paycheck flyers, voicemail reminders, etc.
- Put an OBQI question box in a prominent location. Empty it frequently; widely distribute the questions and their answers.
- Post frequently asked questions and answers on bulletin boards or in agency bathrooms.
- Designate key people to be “question answerers.” Have them clearly identified and accessible to clinical staff.
- Devote a few minutes of each staff (or team) meeting to OBQI announcements.
- Videotape staff meetings and trainings. These can be made accessible for those unable to attend or who need “refreshers.”
- Repetition is essential!
- Reward positive performance; don’t overlook the “stars.”
- Look for opportunities to have FUN!

ATTACHMENT E TO CHAPTER 9

AGENCY STRATEGIES TO FACILITATE TRAINING

1. Outcome enhancement is a new concept for most home care agencies, so training needs to exist for a variety of agency staff members. Addressing these needs in a coordinated and effective manner requires advance planning and post-training follow-up.
2. Maximizing the use of available staff time is critical to all agencies. Agencies in the OBQI demonstrations have shared many ideas that other agencies have found useful:
 - Use existing regular meeting times (of staff, teams, or other groups) to provide the portions of training necessary for each group or to obtain staff input.
 - Videotape the training session to allow absent staff to participate in the training at another time. If possible, have the trainer available for questions or discussion after staff has viewed the video.
 - Make the visual aids and handouts from the training session available to all participants.
 - Use posters, bulletin boards, newsletters, e-mail, or agency-wide voice mail to impart and reinforce important OBQI concepts for staff. Begin these communications immediately after training is first conducted and continue throughout the initial processes. When implementation of the plan(s) of action begins, refocus these reminders to reinforce the changes in care practices.
3. Use informal training approaches to reinforce more formal presentations. (Refer to the list of such approaches in Attachment D of this chapter.)
4. Serving food and incorporating fun into the training sessions stimulates learners' involvement and active participation. Agencies have used silly crossword puzzles, scavenger hunts, and other games as alternative ways to present information and have fun at the same time.

ATTACHMENT F TO CHAPTER 9

COMPARISON OVERVIEW OF OASIS-DERIVED REPORTS

This table compares and contrasts the reports derived from OASIS data. All reports described here are useful for an agency's quality enhancement efforts.

	Adverse Event Outcome Report	Risk-Adjusted/Descriptive Outcome Report
Report Purpose	Outcome-Based Quality Monitoring (OBQM)	Outcome-Based Quality Improvement (OBQI)
Frequency of Report	Agency-determined; first report recommended to be an annual report; subsequent reports recommended no more frequently than quarterly	Agency-determined; suggested annually to allow care process change to have an impact on outcomes.
Method of Obtaining Report	Downloads from state OASIS server	Downloads from state OASIS server
Accompanying Report(s)	Case Mix Report (for same cases and time period as the Adverse Event Outcome Report)	Case Mix Report (for the same cases and time period as the Risk-Adjusted/Descriptive Outcome Report); Patient Tally Report
Outcomes to Investigate	All adverse event outcomes	1-3 target outcomes for each annual report
Selecting Outcomes for Review	Prioritize: (a) Those with most clinical relevance to the agency and (b) those with highest incidence compared to reference group should be investigated first. Statistical significance not a requirement, since all outcomes will need to be investigated over time.	Follow criteria for selecting target outcomes. Statistical significance is the first criterion in the list, followed by magnitude of outcome differences, adequate number of cases, significance level of differences, relevance to agency, and clinical significance.
Time Interval to Review Care Provided	Investigation of the 13 adverse event outcomes can proceed in a phased manner over several months	Process-of-care investigation completed within one month of obtaining outcome report
Result of Care Review	Improvement plan if areas for improvement are discovered; sharing of appropriate care examples with staff	Plan of action developed and implemented to spread best practices across the agency

	Adverse Event Outcome Report	Risk-Adjusted/Descriptive Outcome Report
Instructional Material	Available from OASIS web site	Available from OASIS Web site
Goal of Quality Monitoring/Improvement Activity	To reduce incidence of adverse events (recognizing that they may never get to 0)	To improve those target outcomes selected for remediation (improvement) or to maintain excellent care (if target outcome selected for reinforcement)